FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DER IND. DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. # TOTAL IND. TOTAL IND. _1 TOYAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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